

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

OPTIONAL ADVANCE PLAN SOCIAL WORK INTERNSHIP / EMPLOYMENT

This form is required only if advance review of internship or experience is desired.

1. This PLAN is to be completed by the applicant's supervising social worker, who must have a BSW or MSW degree and State of Wisconsin social work certification.
2. This PLAN must be accompanied by an official description of the duties to be performed by the applicant during the time period indicated. The position must provide experience in direct practice with clients in all areas described below, and this practice must comprise a predominant part of the experience. The position must give the applicant direct responsibility for the areas listed on the affidavit, and not be one of assisting, observing others perform, or being primarily the manager of others who perform
3. If the experience is an internship, this affidavit must be accompanied also by documentation by the sponsor of pre-determined educational goals. Documentation of the student evaluation will be required upon completion.
4. The supervisor must send the PLAN with position description and internship documents, if applicable, directly to Social Work Section, Wisconsin Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Applicant's Name:	
Dates of Internship/Employment:	From: _____ To: _____
Hours per week:	
Status:	Internship _____ Employment _____
Position/Title:	
Agency:	
Location:	
Supervising Social Worker:	Name: _____
	Degree: _____ BSW _____ MSW
	Certificate # _____ Type: _____

Wisconsin Department of Regulation & Licensing

ADVANCE PLAN SOCIAL WORK INTERNSHIP/EMPLOYMENT

I certify that I will provide direct, on-site supervision of the above-named applicant in a human services internship or employment which involves direct practice with clients, and which provides training and experience in all of the areas listed below.

- a. Evaluation and assessment of difficulties in psychosocial functioning of a group or another individual.
- b. Developing plans or policies to alleviate those difficulties, and either carrying out the plan or referring individuals to other qualified resources for assistance.
- c. Intervention planning, which may include psychosocial evaluation and counseling of individuals, families and groups; advocacy; referral to community resources, and facilitation of organizational change to meet social needs, based on evaluation and assessment described in (a) above .
- d. Knowledge of other disciplines relevant to the evaluation of clients, plans and policies to alleviate client difficulties, and intervention planning.
- e. The ability to intervene effectively on behalf of diverse populations and populations most vulnerable and discriminated against, including development of cultural competence, provision of culturally competent services, and ability to collaborate with others to develop services.
- f. Application of professional ethics and standards in the delivery of social work services to clients.

I certify that the applicant will be required to demonstrate competency in all of the areas listed in order to successfully complete this experience.

I certify that I will meet with the applicant in a face-to-face individual session at least one hour each week for one year of employment, or for the duration of the internship, to direct this social work practice. I further certify that I will comply with SFC 4.01(1)(a) and (3). See attached.

If the position is employment, rather than internship, I certify that the applicant's experience will involve at least 400 hours of face-to-face client contact in not less than 12 months.

Signature of Supervising Social Worker: _____ Date: _____

Title of Position Held by Supervising
Social Worker in Training Certificate
Holder's Organization
